

APPENDIX C

AVIATION MEDICINE

C-1. Purpose

Aviation assets provide significant combat power to the division by means of enhanced mobility and firepower. Ideally, the division surgeon should be a flight surgeon so as to fully comprehend the significant duties, responsibilities, and effects of aviation medicine on performance of the aviation mission. It is imperative that the division surgeon, who is not a flight surgeon, understand the significant duties and responsibilities that the flight surgeon performs in order to maximize the effects of these aviation assets.

C-2. Mission

a. It is the flight surgeon's duty to provide clinical, administrative, and supervisory medical support to the aviation unit to ensure individual health, flying safety, and mission accomplishment. The overall responsibilities of the flight surgeon and the aviation medicine program are similar in all units with aviation assets and do not change during peacetime or in any spectrum of conflict. The significance and the difficulties of performing the aviation medicine mission do change, however, during the transition from peacetime to wartime.

b. As stated previously, the goals, duties, and responsibilities for all aviation units are the same during peacetime and wartime and are not based on TOE. The TOE medical assets allocated to perform the aviation medicine mission will vary based on size and complexity of the aviation unit to be supported.

c. A physician must attend the seven-week Basic Army Aviation Medicine Course (BAAMC) at Fort Rucker, Alabama, to be designated a 61N9D (flight surgeon), regardless of his medical specialty.

d. Physician assistants may also attend the BAAMC. After successful completion of this course, they are designated aeromedical physician assistants (APAs).

e. A flight surgeon assigned to a larger unit may be qualified as an aerospace medicine specialist (61N9B). The aerospace medicine specialty is under

the auspices of the American Board of Preventive Medicine. An Army physician must complete the BAAMC, serve as a unit flight surgeon, and complete a Master of Public Health program and a year of additional aviation medicine training in a residency program to become an aerospace medicine specialist.

C-3. Duties and Responsibilities*a. Clinical Care.*

(1) The first duty of a flight surgeon is to provide treatment for soldiers who are on flight status. The normal standards of patient care apply. The second duty is to determine if the medical problem or its treatment will pose a danger to the patient in the aviation environment, or compromise flight safety or the aviation mission.

(2) Many of the medical conditions and treatments are specifically identified in AR 40-8, AR 40-501, and Aeromedical Policy Letters (APLs). Other conditions and treatments must be evaluated using clinical judgment and knowledge, and experience in the aviation environment.

(3) Clinical duties are inseparable from the administrative management of the aviation medicine clinic and the aviation medicine program. The division surgeon and the aviation unit flight surgeon must understand the basic administrative requirements of Army aviation medicine. They must—

- Perform flying duty medical examinations (FDMEs) IAW AR 40-501 and APLs.
- Review FDMEs performed by nonrated physicians and APAs IAW AR 40-501 and APLs.
- Provide acute medical care to aviation unit personnel IAW AR 40-8, AR 40-501, and APLs.
- Supervise the acute medical care provided to aviation unit personnel by nonrated physicians, APAs, and enlisted specialists IAW AR 40-8 and AR 40-501, to include—

- Ensuring DA Form 4186 (the “up slip”) is used to document FDMs and any change in flying status due to illness, injury, or medical treatment. Any physician or PA may recommend to a commander that he “ground” an individual on flight status and documents this action on a DA Form 4186.

- Documenting return-to-flight status after grounding by completing DA Form 4186. Only a flight surgeon can return an individual to flight status after a “grounding” DA Form 4186 has been issued. The flight surgeon does not need to be present to physically treat the grounded individual. The return-to-flying status may be done telephonically after consultation with the medical care provider. This telephonic return-to-flying status must be documented on the DA Form 4186.

- Provide preventive medical care to aviation unit personnel which would involve—

- During peacetime, the flight surgeon concentrating on immunizations, personal protective measures, unit and individual field sanitation practices, hearing conservation, smoking cessation programs, weight control, and preparation of the unit for its wartime mission.

- During wartime, the flight surgeon concentrating on field sanitation practices, personal protective measures, and ensuring that the unit’s work and rest areas are as environmentally safe as possible. In any spectrum of conflict, preventive medicine activities to maintain the unit’s combat effectiveness become more important and more difficult to perform.

- An awareness of the significant increase in laser, microwave, and electromagnetic-radiation sources in the US Army. The flight surgeon must know how to prevent and treat injury from these sources, as well as from ionizing radiation.

- Ensuring appropriate occupational medicine support for all unit personnel.

b. Administrative and Supervisory. The flight surgeon serves as the principal advisor to the

aviation unit commander on all matters that affect the health of the unit. The aviation brigade flight surgeon serves as the principal advisor to the division surgeon on all matters that affect the health of the aviation brigade. The nonclinical duties of the flight surgeon are quite diverse, extremely important, and require the flight surgeon to be fully integrated into the aviation unit.

(1) *Safety.* The flight surgeon is an integral member of the unit’s safety program to include education, training, life-support systems, and accident investigation. The unit safety program requires the flight surgeon to—

- Participate in all safety meetings and integrate safety consciousness into all of his interactions with aviation unit personnel. (See AR 385-95.)

- Supervise the training of personnel in the use of life-support equipment, especially the flight helmets for the Apache aircraft.

- Participate as a member of the accident investigation team. The flight surgeon is an important member of this team. Due to the intensity and demands of an accident investigation, the flight surgeon must be removed from all other duties during this time; therefore, a “call roster” of team members is mandated.

(2) *Aeromedical evacuation.* The flight surgeon will often be called on to advise and assist in the preparation of patients for aeromedical evacuation in both Army and Air Force aircraft. This requires a knowledge of the disease, condition of the patient, distance to be traveled, and type of aircraft to be used.

(3) *Military aviation medicine.* The flight surgeon must advise the aviation unit commander on all matters affecting the health of the unit. This role is nonspecific, difficult, and important. To perform this duty and exercise competent responsibility, the flight surgeon must be fully integrated into the unit and must understand the—

- Tactical employment and missions of the unit.

- Training of aviators and the stressors of modern combat flying techniques.

NOTE

Integration into the unit includes informal conversations with all unit personnel and frequent visits to the flight line to understand all aspects of the unit's mission. The flight surgeon must perform frequent

flights under all conditions to be accepted as a member of the unit and to fully understand the health of the command. It is important to note that the flight surgeon is required to fly 4 hours a month and 60 hours a year for aviation career incentive pay and flight currency. (See AR 600-105, and AR 600-106.)